

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CLIMATE HAWKS VOTE		FEC IDENTIFICATION NUMBER ▼ C C00548461	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Samantha Jordan			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 777 E Napier Ave R5			Amount 250.00		
City Benton Harbor	State MI	Zip Code 49022	Transaction ID : SE.4273		
Purpose of Expenditure Field Organizing		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Name of Federal Candidate PAUL COLIN CLEMENTS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		1826.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Samantha Jordan			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 777 E Napier Ave R5			Amount 500.00		
City Benton Harbor	State MI	Zip Code 49022	Transaction ID : SE.4274		
Purpose of Expenditure Field Organizing		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Name of Federal Candidate PAUL COLIN CLEMENTS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		2326.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	750.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

RICHARD M. MATHEWS

[Electronically Filed]

Date

MM / DD / YYYY
10 / 31 / 2014

Signature

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(Schedule E)

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) CLIMATE HAWKS VOTE		FEC IDENTIFICATION NUMBER ▼ C C00548461	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Eric Mitchell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 8749 S. Bennett Ave.		Amount 500.00	
City Chicago	State IL	Zip Code 60617	Transaction ID : SE.4275
Purpose of Expenditure Field Organizing	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate PAUL COLIN CLEMENTS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: MI	
Calendar Year-To-Date Per Election for Office Sought 2826.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: State:	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1250.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

RICHARD M. MATHEWS

[Electronically Filed]

Date

MM	DD	YYYY
10	31	2014

Signature